



Prevention Issues Associated with Dental Classification, Emergencies and Satisfaction

Force Health Protection Conference

9 August 2006



UNCLASSIFIED





AGENDA

- 1. Dental Classification**
- 2. Emergency Calculator**
- 3. Predictability Studies**
- 4. IMR**
- 5. Patient Satisfaction**
- 6. Joint Medical Command**



Dental Classification

- **Class 1** - Patients with a current dental exam, who do not require dental treatment or reevaluation (worldwide deployable)
- **Class 2** - Patients with a current dental exam, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in a dental emergency within 12 months (worldwide deployable)
- **Class 3** - Patients who require urgent or emergent dental treatment (not considered worldwide deployable)
- **Class 4** - Patients who require dental exams (not considered worldwide deployable)

HA Policy 06-001 – Policy on Oral Health and Readiness



HA 06-001

HA Policy 02-011 – Policy on Standardization of Oral Health and Readiness Classification



HA 02-011

HA Policy 98-021 – Policies on Uniformity of Dental Class System, Frequency of Periodic Examinations, Active Duty Overseas Screening and Dental Deployment Standards



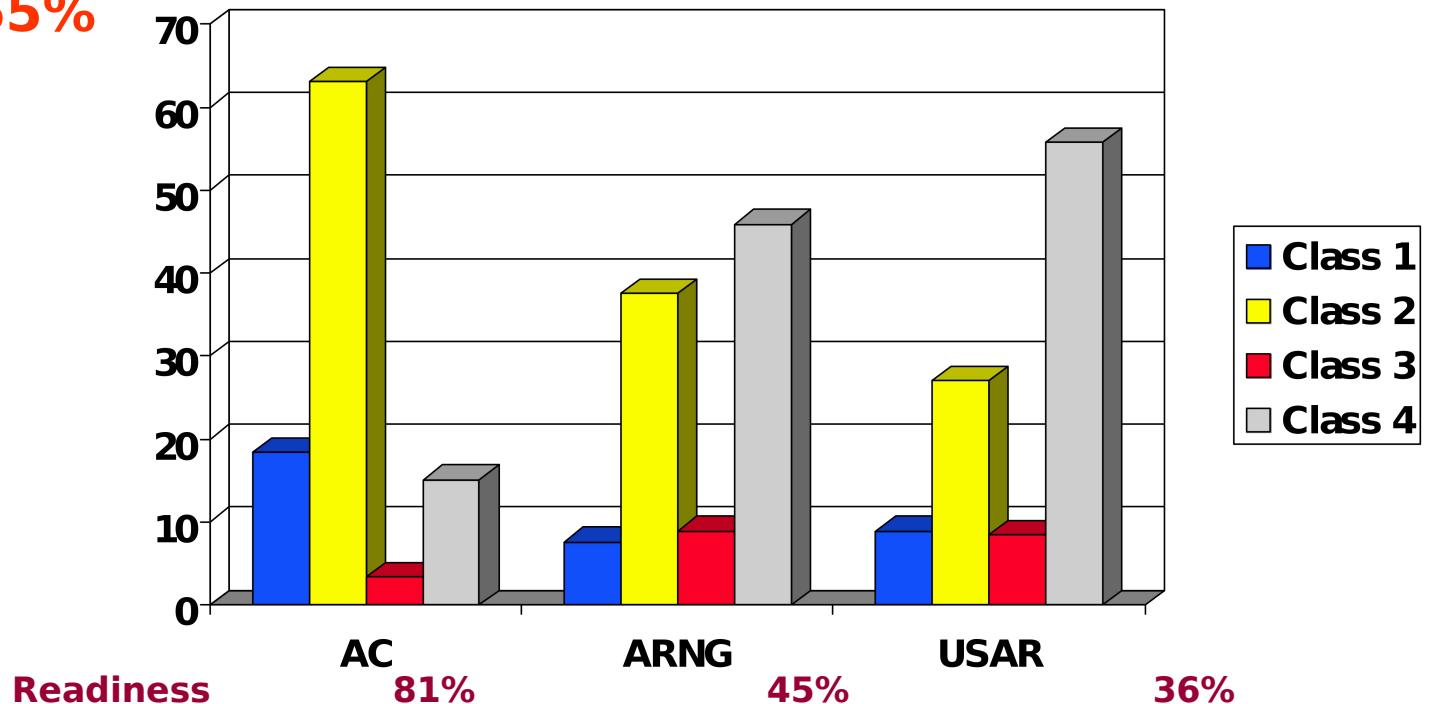
HA 98-021

TMA Policies: <http://www.ha.osd.mil/policies/default.cfm>



Readiness / Wellness

- Dental Readiness - % of soldiers in dental classification 1 or 2 - **HA Standard is 95%**
- Oral Health (formerly the artist known as Dental Wellness) - % of soldiers in dental classification 1 - **Goal is 65%**



Dental Emergency Rates $n/1000$ yr



VIETNAM

Hutchins & Barton (1967)	66-99
Cassidy (1968)	142
Ludwick, et. al (1969)	184

FIELD OPERATIONS

Sumnicht / FTX (1964)	152
Payne & Posey / FTX (1978)	167
Parker, King & Brunner / FTX (1981)	234
King & Brunner / FTX (1982)	259
Teweles & King / peacekeep (1983)	160

GULF WAR

Tolson (1991)	214
Deutsch & Simecek (1990-91)	149

SOMALIA

Swan & Karpetz (1993)	232
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BOSNIA

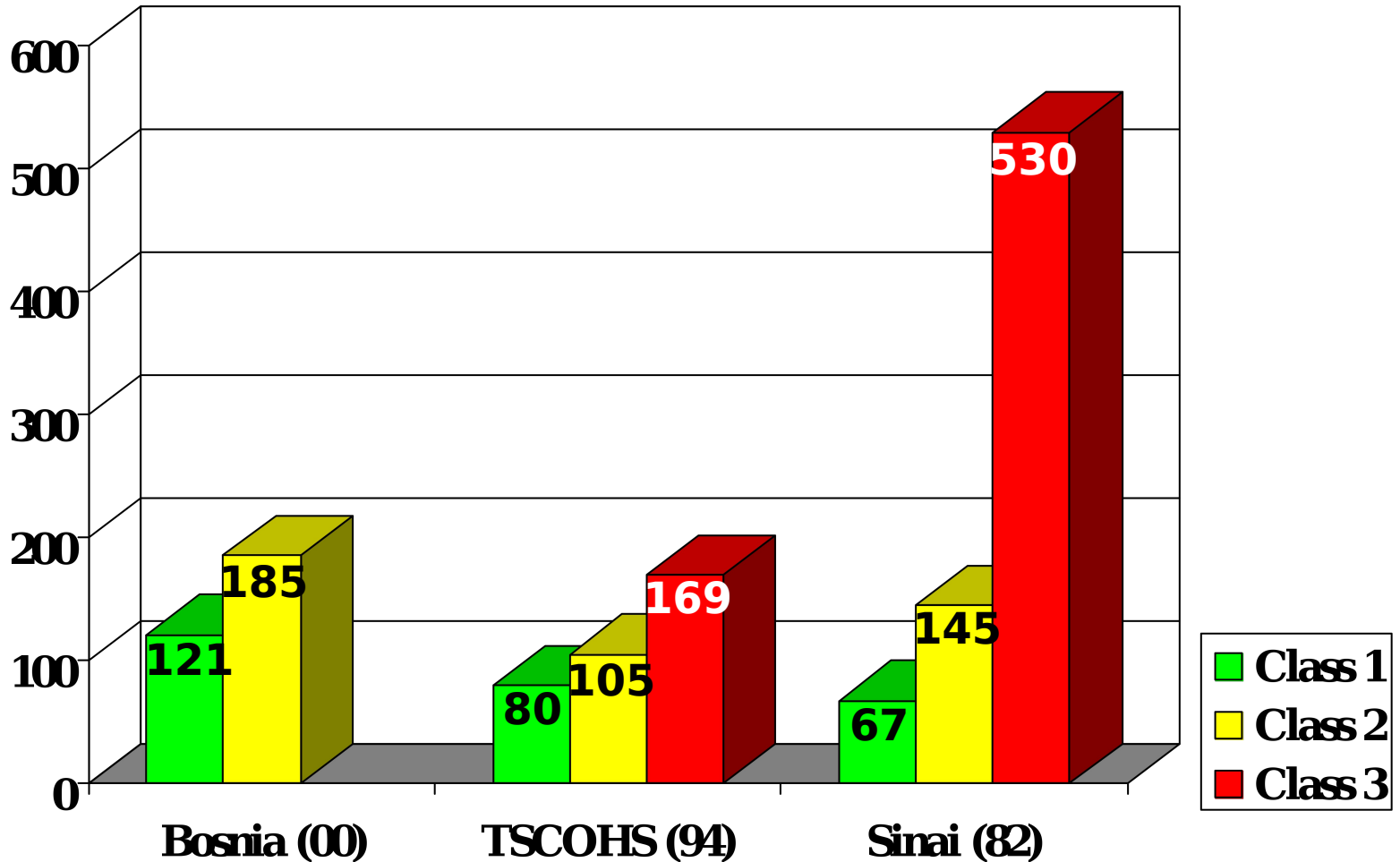
Chaffin, King & Fretwell (2000)	156
Moss (2001)	170

IRAQ

Dunn, et.al. (2003)	153 / 145
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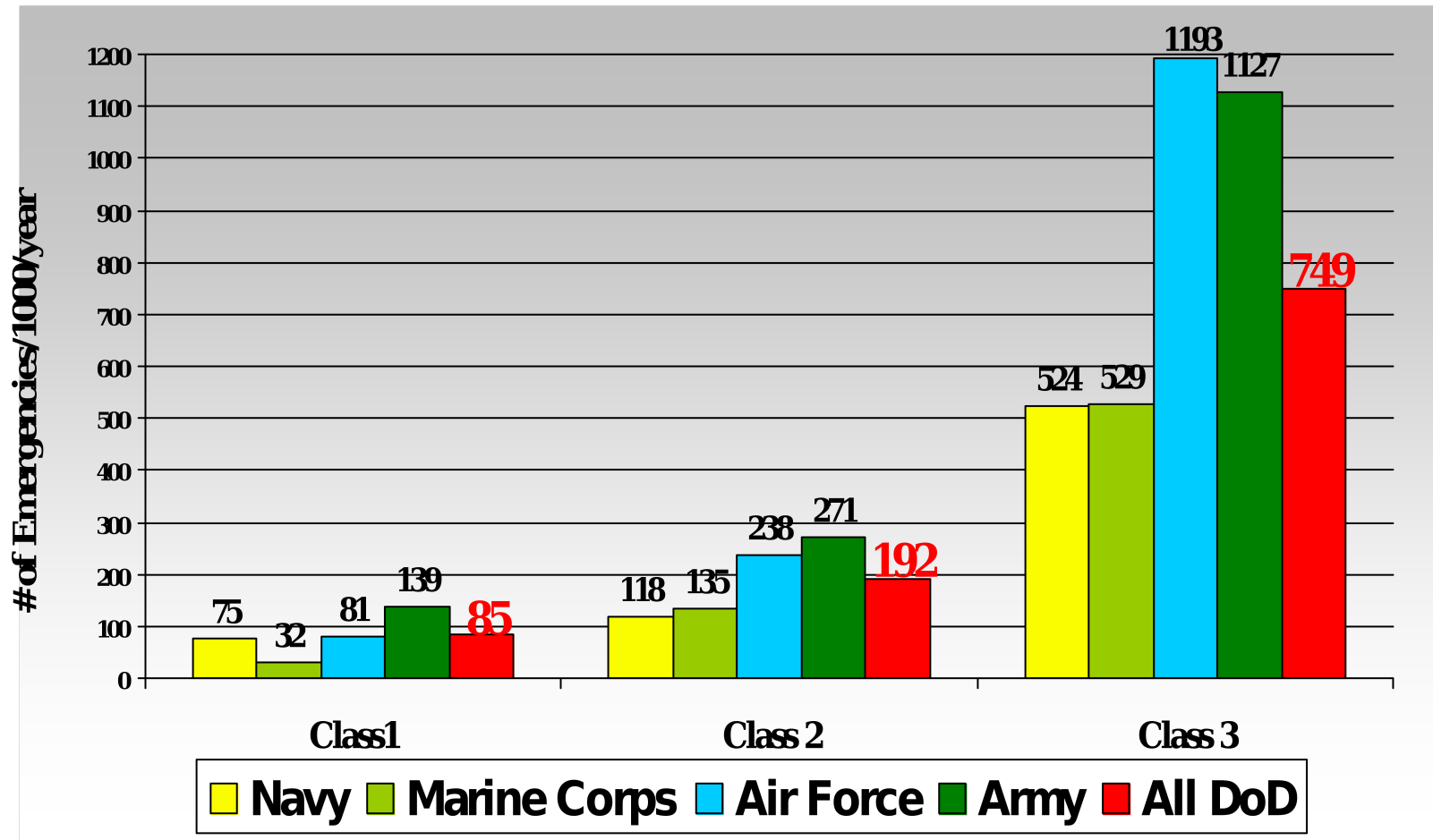


Dental Emergency Rates by Class





TSCOHS Study





Dental Classification

- Dental Classification is predictive of dental emergencies
- Not all dental emergencies are life threatening clinically – BUT, 2 Soldiers have died by IEDs traveling to a dentist
- MARKET to help get over the thought that they are 'JUST TEETH'



All oral infections can advance to life-threatening oropharyngeal facial space infection or cavernous sinus thrombosis if inappropriately managed.



Emergency Calculator

Predicted Emergency Rates of Soldiers During a 1-Year Deployment

	# of Soldiers	Emergency Rate per 1000	Expected Emergencies
Dental Class 1	0	139	0
Dental Class 2	0	271	0
Dental Class 3	0	1127	0
Dental Class 4	0	300	0
TOTAL	0	n/a	0



Emergency Calculator

Predicted Emergency Rates of Soldiers During a 1-Year Deployment

	# of Soldiers	Emergency Rate per 1000	Expected Emergencies
Dental Class 1	180	139	25.02
Dental Class 2	581	271	157.451
Dental Class 3	97	1127	109.319
Dental Class 4	85	300	25.5
TOTAL	943	n/a	317.29





***“The best predictor of future
caries is _____”***



- Documented in a caries workshop:
"The best predictor of future caries is past caries"
 - Bibby BG, Shern RJ, eds: Methods of caries prediction: proceedings of a workshop conference. Washington DC: Information Retrieval Inc, 1978
- Consistently reaffirmed in recent research
 - Hausen H, Seppa L, Fejerskov O. Can caries be predicted? In: Thylstrup A, Fejerskov O, eds: Textbook of clinical cariology. 2nd ed. Copenhagen: Munksgaard, 1994:393-411.
 - Leverett DH, Proskin HM, Featherstone JD, et al. Caries risk assessment in a longitudinal discrimination study. J Dent Res 1993; 72: 538-43



Is this information Useful?

- **Marketing prevention to the line**
- **Knowledge that we do have some prediction capability**
- **Knowledge of where regulations come from**
- **Population health metrics are being used by military leadership**



Force Health Protection/ Individual Medical Readiness (IMR)



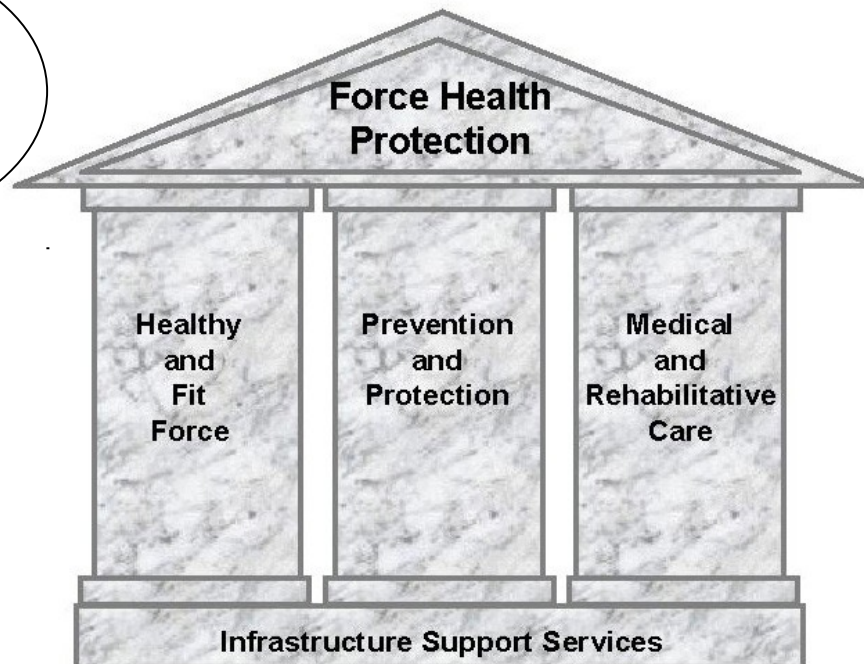


Force Health Protection

- **Recruit and maintain a healthy and fit force**
- **Prevent disease and injury**
- **Treat and care for those ill or injured**



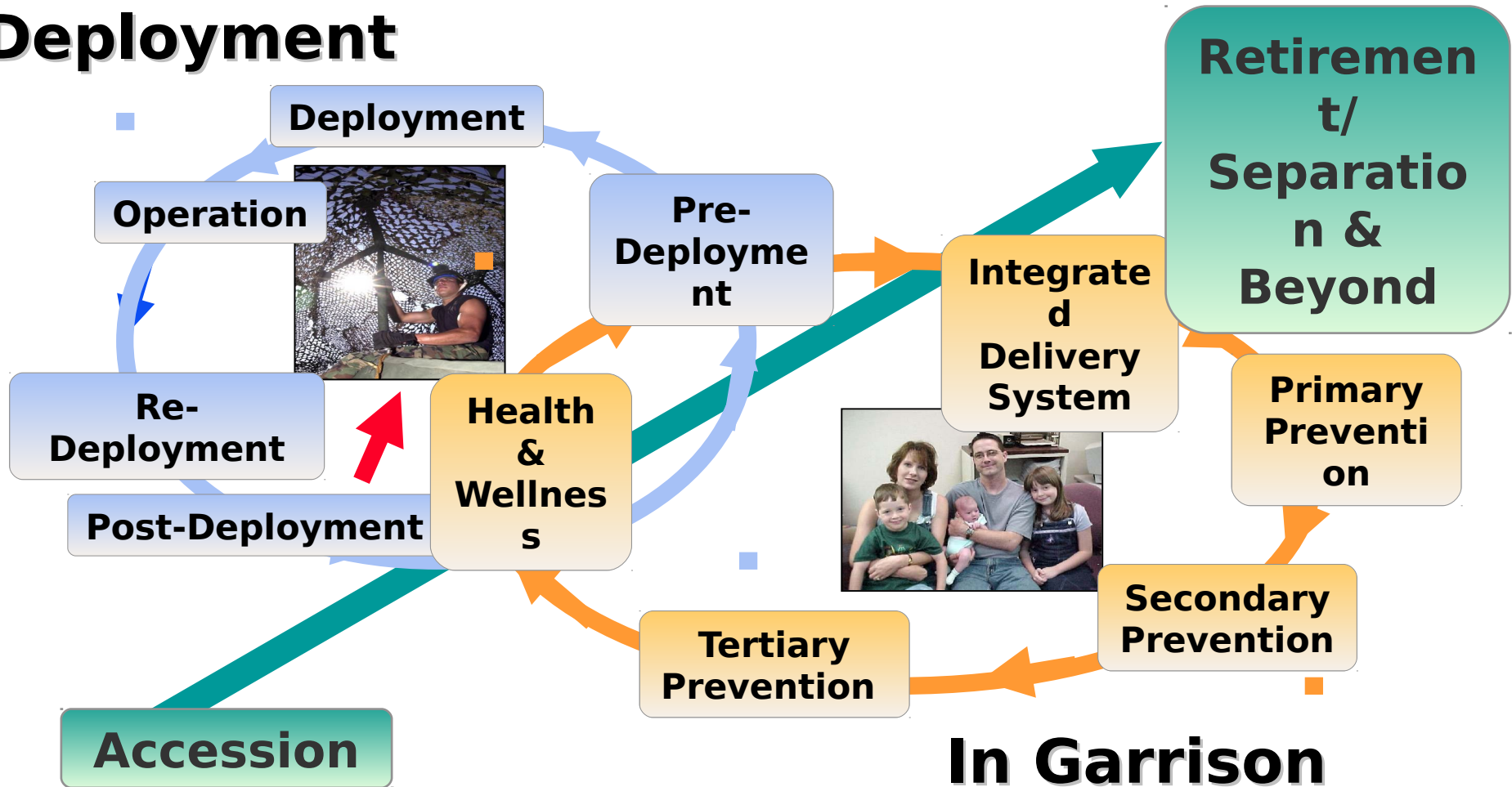
Dental
has
integral
role





Service Member Life Cycle

Deployment



How and Where do we fit Dental Prevention?



Force Health Protection

Pre-Deployment

- Health Promotion
- Immunizations Current
- Medical Threat Brief
- Environmental Threat Brief
- Health Assessment
- Risk Communication

Deployment

- Environmental & Medical Surveillance
- Food and Water Inspections
- Industrial/Occupational Surveillance
- Risk Communication



Post-Deployment

- Medical & Environmental Surveillance Debriefing
- Health Assessments
- Post-Deployment Clinical Practice Guideline
- Risk Communication



Individual Medical Readiness

Definitions and Classification System

Element

Definition

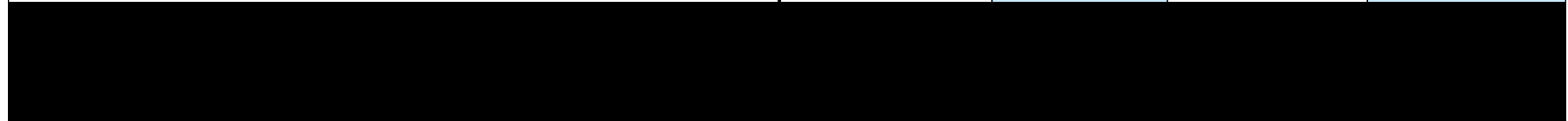
- **Dental Class 1 or 2** **DoD Standard**
- **Immunizations** **Routine +COCOM and Service Specific**
- **Medical Readiness Labs** **HIV, DNA, Blood Type + Occupation Specific**
- **Deployment Limiting Conditions** **Occupation and Service Specific**
- **Health Assessment** **Periodic Health Assessment (PHA)**
- **Medical Equipment** **Gas Mask Inserts + Platform Specific**

Fully medically ready	Fully medically ready	Immunizations current
		Dental Class 1 or 2
		Current med readiness labs
		No deployment limiting condition
		Current Health Assessment
		Medical Equipment Current
Medically ready with minimal intervention	Medically ready with minimal intervention	Needs immunization
		Needs medical readiness lab
		Needs medical equipment
Unknown	Unknown	Health Assessment overdue
		Dental Class 4
Not Medically Ready	Not Medically Ready	Dental Class 3
		Deployment prohibiting condition
		Hospital inpatient or convalescing



IMR Active Component - Q1 FY2006

Element	Army	Navy	AF	USMC
Dental Class 1 or 2	79%	89%	97%	87%
Immunizations	70%	75%	99%	88%
Medical Readiness Labs	89%	80%	94%	78%
No Deployment Limiting Conditions	97%	99%	94%	91%
Health Assessment	78% ¹	71%	89%	- ²
Medical Equipment	66%	- ²	94%	- ²



% Meet Criteria for All 6 Elements	% Fully Medically Ready for 6 Elements (data known)	36%	-	77%	-
	% Fully Medically Ready for 6 Elements (estimated)	-	-	-	-

Blue- incomplete data

¹ Currently assessed against a 5-yr exam standard

² Information not available; future tool will capture



IMR Reserve Component - Q1 FY2006

Element		Army	Navy	AF	USMC	Air Guard	Army Guard
Dental Class 1 or 2		48%	86%	85%	45%	81%	42%
Immunizations		48%	45%	90%	28%	97%	47%
Medical Readiness Labs		95%	90%	70% ¹	71%	88%	90%
No Deployment Limiting Conditions		96%	95%	98%	98%	93%	96%
Health Assessment		90% ³	89%	92%	52%	88%	91% ³
Medical Equipment		45%	63%	75% ²	64%	70%	58%
% Meet Criteria for All 6 Elements	% Fully Medically Ready (data known)	15%	73%	55% ²	-	60%	16%
	% Fully Medically Ready (data estimated)						
¹ AFRC currently has waiver to check HIV every 3 yrs rather than the new DoD standard of every 2 yrs		² New policy to measure and record visual acuity on all members. Accurate denominator available in 1 yr.					
³ Currently assessed against a 5-yr exam standard							20



During Deployment





Post Deployment





Post-Deployment Health Assessment

	Health (Excellent , Very Good, Good)	Medical/ Dental Problems	Currentl y on Profile	Mental Health Concerns	Referral Indicated for any Reason
Active Duty	93%	22%	6%	4%	18%
Reserve Component s	90%	40%	12%	6%	24%

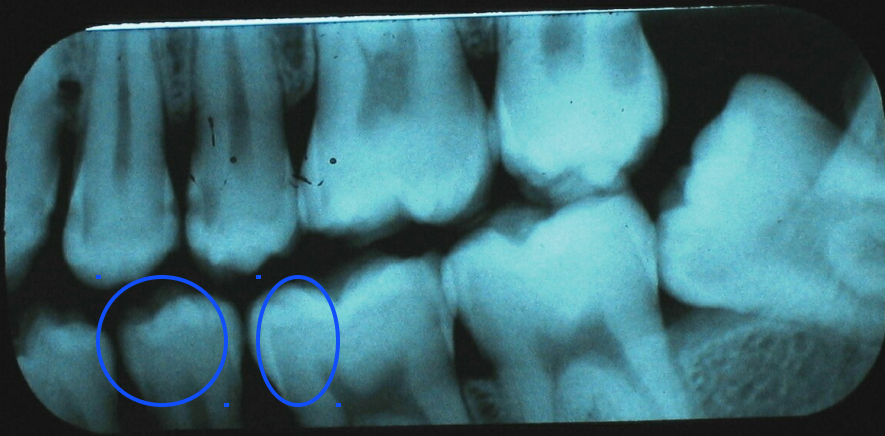
Service Members with DD2796 submitted since 01 January 2003

Source: Defense Medical Surveillance System (DMSS)

As of: 08 May 2006



Pre-deployment dental
exam performed in
without X-rays.



Degradation Rates

Garrison - 12% (CDA Study)

Active Deployed - 9% (Benning
Study)

ARNG Deployed - 39%

The untreated cavities that
could have been easily
treated, now may require
root canals



September 2003

JOINT/UNIFIED MEDICAL COMMAND

- Work Group Chartered by USD P+R
 - Services, JS, HA, Comptroller
- Respond to PBD 753
- Three Options developed
 - Deployed Medicine
 - Health care
 - Single Service
- Recommendations being briefed



Joint Medical Command

- **PBD 753**

“ Direct the Under Secretary of Defense (P&R) to work with the Joint Chiefs of Staff to develop an implementation plan for a Joint Medical Command by the FY2008-FY 2013 Program Budget Review”

- **Army: Bright Green**

- **Navy: Green**

- **Air Force: Yellow**

- **Blue on Blue Care**

- **Wetted and Bedded to the Wing**



FTDR/ OHI and Prevention





Dental Conditions of IET Soldiers





Purpose FTDR- *Current Operational Tempo dictates that soldiers are ready when they arrive at their first permanent duty station ... to include dental readiness.*



PROBLEMS:

- **Army recruits have high levels of dental disease**
- **Historically, routine dental care not provided during BCT & AIT due to training schedules**
- **Funding this initiative**



FTDR Today

- **Panoramic dental classification at BCT sites (5) for Compo 1, 2, and 3 Soldiers**
- **FTDR at all AIT locations (16) for Compo 1, 2, and 3**
- **Phase 2 of complete dental examination not implemented**

WHERE DOES PREVENTION FIT?

- **history of caries puts the soldier at greater risk for disease**



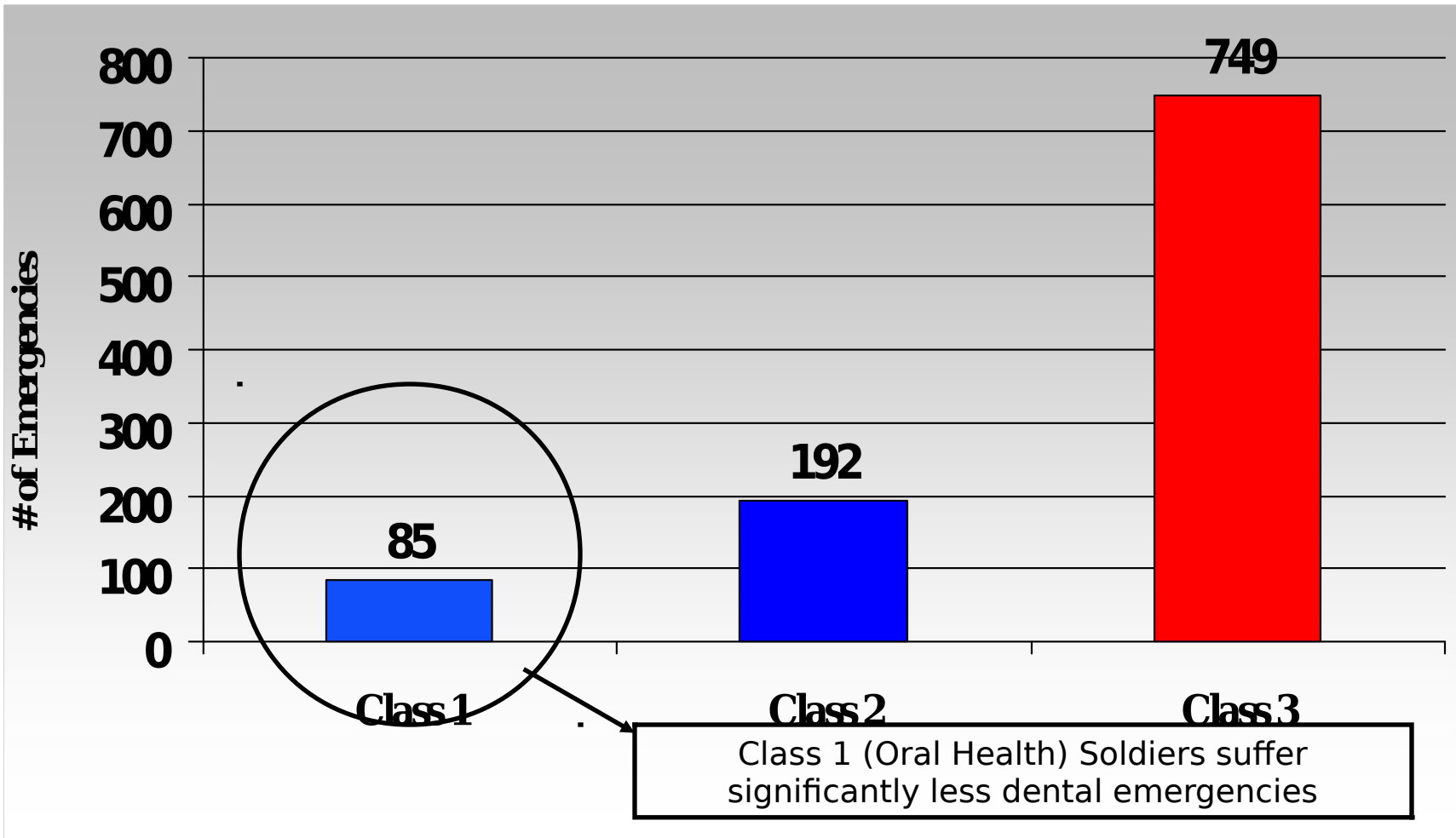
NOW the artist known as OHI - Oral Health Initiative

- **A DoD program aimed at improving the oral health of service member -- **65% Wellness (Class 1)****
- **The program evolved from a concerted effort by the Dental Corps Chiefs from the three services, to improve dental care by completing more treatment plans and converting service members to Class 1.**
- **The overarching goal of the program is to provide more care to Soldiers and increase the percentage of Soldiers in Dental Class 1 (Oral Health)**
- **FY '06 DENCOT got over \$40 million (over \$150M for 4 years)**





Dental Emergency Rates



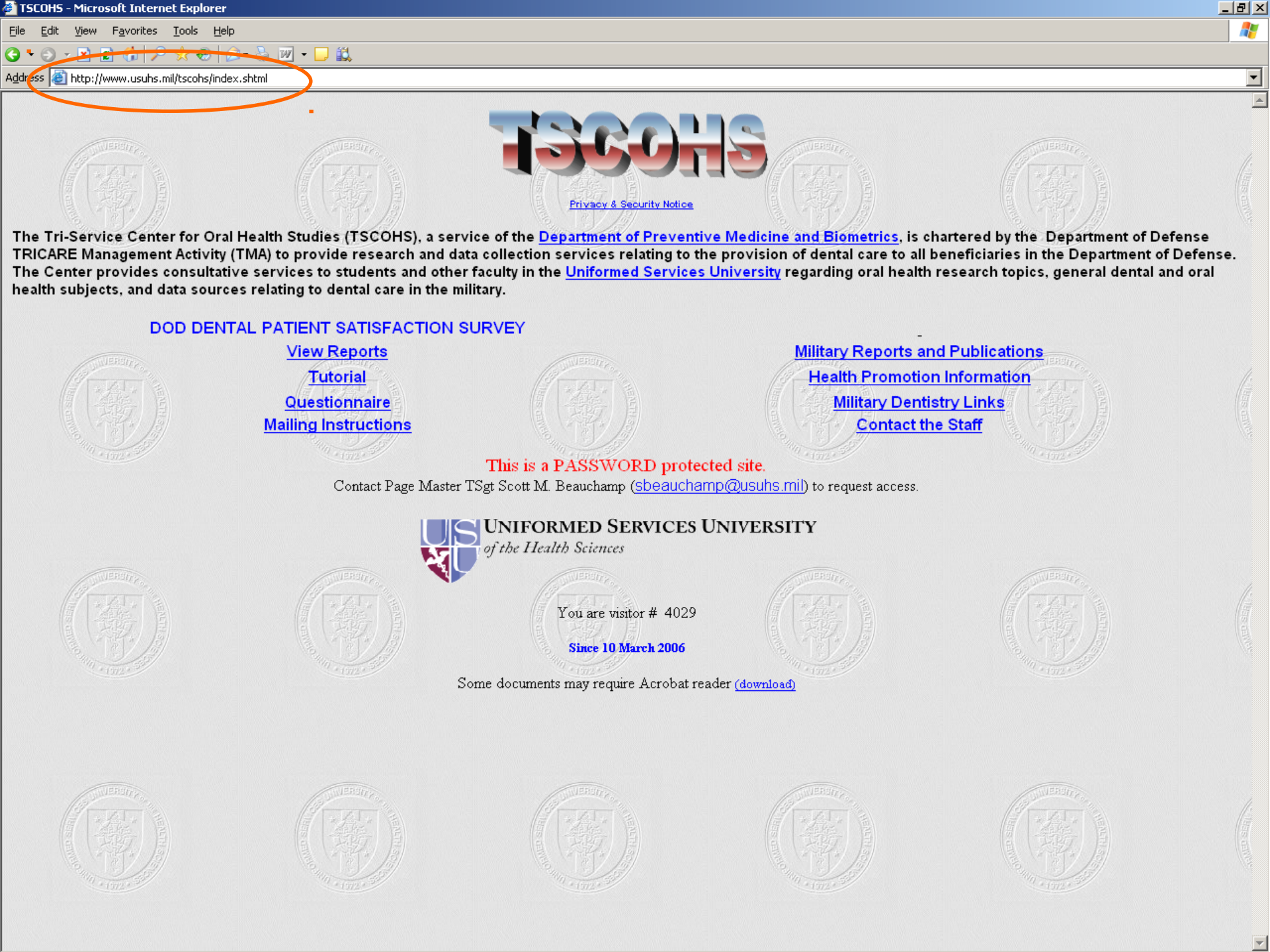


Prevention in OHI?



Patient Satisfaction





TSCOHS

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DOD DENTAL PATIENT SATISFACTION SURVEY

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**Department of Defense****Dental Patient Satisfaction Survey**

SURVEY REPORTS

TRENDING REPORTS

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LOGIN

REPORT FILTERS

Service:	<input type="text" value="Select One..."/>	
Command:	<input type="text"/>	
DTF:	<input type="text"/>	<input type="button" value="Patient Comments"/>
Reporting Period:	<input type="text" value="July thru Sep 2006 (4QTR FY06)"/>	(Incomplete Quarter)
Main Purpose of Visit:	<input type="text" value="All"/>	

SURVEY REPORTS

Surveys Received
Satisfaction Scores
Satisfaction Demographics
Low Satisfaction Report: Dental Care Received (Q13)
Low Satisfaction Report: Clinics Ability to Meet Patient Needs (Q21)
Low Satisfaction Demographics: Dental Care Received (Q13)
Low Satisfaction Demographics: Clinics Ability to Meet Patient Needs (Q21)
Overall Satisfaction (Mean) with Dental Care (Q13) by DTF
Overall Satisfaction (Percent Satisfied) with Dental Care (Q13) by DTF
Overall Satisfaction (Mean) with Clinic (Q21) by DTF
Overall Satisfaction (Percent Satisfied) with Clinic (Q21) by DTF

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Service:	<input type="text" value="ARMY"/>	
Command:	<input type="text" value="FT BRAGG DENTAC"/>	
DTF:	<input type="text" value="DAVIS"/>	<input type="button" value="Patient Comments"/>
Reporting Period:	<input type="text" value="Apr thru June 2006 (3QTR FY06)"/>	
Main Purpose of Visit:	<input type="text" value="All"/>	

SURVEY REPORTS[Surveys Received](#)[Satisfaction Scores](#)[Satisfaction Demographics](#)[Low Satisfaction Report: Dental Care Received \(Q13\)](#)[Low Satisfaction Report: Clinics Ability to Meet Patient Needs \(Q21\)](#)[Low Satisfaction Demographics: Dental Care Received \(Q13\)](#)[Low Satisfaction Demographics: Clinics Ability to Meet Patient Needs \(Q21\)](#)[Overall Satisfaction \(Mean\) with Dental Care \(Q13\) by DTF](#)[Overall Satisfaction \(Percent Satisfied\) with Dental Care \(Q13\) by DTF](#)[Overall Satisfaction \(Mean\) with Clinic \(Q21\) by DTF](#)[Overall Satisfaction \(Percent Satisfied\) with Clinic \(Q21\) by DTF](#)

**Department of Defense****Dental Patient Satisfaction Survey**[SURVEY REPORTS](#)[TRENDING REPORTS](#)[SERVICE-WIDE REPORTS](#)[LOGIN](#)**SURVEYS RECEIVED**

Service: **ARMY**
Period: **Apr thru June 2006 (30TR FY06)**

FT BRAGG DENTAC

DAVIS	170
JOEL	276
LAFLAMME	84
ROHDE	40
SMOKE BOMB HILL	225
WOMACK	150
Total	945



Department of Defense

Dental Patient Satisfaction Survey

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SATISFACTION

DTF: **DAVIS**
 Command: **FT BRAGG DENTAC**
 Service: **ARMY**
 Period: **Apr thru June 2006 (3QTR FY06)**
 Purpose: **All**
 Total Surveys: **170**
 Patients who would return to this dental facility (Q27): **92%**

Response Scale (Satisfied=5, 6 or 7): 7=Completely Satisfied; 6=Very Satisfied; 5= Somewhat Satisfied; 4=Neither Satisfied nor Dissatisfied; 3=Somewhat Dissatisfied; 2= Very Dissatisfied; 1=Completely Dissatisfied	Mean Score	Percent Satisfied	Current Quarter Comparison to		
			Command	Service	DOD

OVERALL SATISFACTION

Overall Satisfaction with Clinic (Q21)	6.24	95.3%	6.16 (92.4%)	6.14 (92.1%)	6.22 (93.1%)
Overall Satisfaction with Dental Care (Q13)	6.36	95.3%	6.21 (92.5%)	6.23 (93.4%)	6.30 (94.2%)

Response Scale (Satisfied=4 or 5): 5=Very Good; 4=Good; 3= Undecided; 2=Poor; 1=Very Poor;	Scores	Percent Satisfied	Current Quarter Comparison to		
			Command	Service	DOD

ACCESS TO CARE

Appointment Wait Time (Q16)	3.86	68.9%	3.87 (70.9%)	3.99 (75.6%)	4.01 (76.2%)
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QUALITY OF CARE

Thoroughness of treatment by Dentist (Q5)	4.72	98.4%	4.57 (92.5%)	4.61 (94.6%)	4.65 (95.2%)
How much you were helped by Dentist (Q8)	4.56	90.6%	4.47 (89.1%)	4.53 (91.7%)	4.57 (92.5%)
Overall quality of care received by Dentist (Q9)	4.68	97.6%	4.58 (93.6%)	4.60 (94.5%)	4.64 (95.1%)
Overall quality/thoroughness of care by Hygienist (Q11)	4.72	96.8%	4.56 (90.2%)	4.60 (93.4%)	4.65 (94.2%)

INTERPERSONAL RELATIONSHIP

Friendliness and courtesy of Dentist (Q3)	4.75	98.4%	4.69 (95.8%)	4.71 (96.9%)	4.73 (97.2%)
Problem taken seriously by Dentist (Q4)	4.66	95.3%	4.62 (94.5%)	4.63 (94.9%)	4.67 (95.6%)
Explanation of problems by Dentist (Q6)	4.62	92.1%	4.55 (90.9%)	4.55 (92.1%)	4.59 (93.0%)
Amount of time with Dentist (Q7)	4.64	95.3%	4.48 (90.6%)	4.53 (93.2%)	4.57 (94.1%)
Friendliness and courtesy of Hygienist (Q10)	4.80	97.8%	4.70 (96.5%)	4.65 (95.2%)	4.70 (96.2%)
Helpfulness and courtesy of Front Desk personnel (Q12)	4.38	91.1%	4.51 (93.6%)	4.49 (93.9%)	4.53 (94.7%)



Mean Score Significantly Higher



Mean Score Significantly Lower

**Department of Defense****Dental Patient Satisfaction Survey**

SURVEY REPORTS

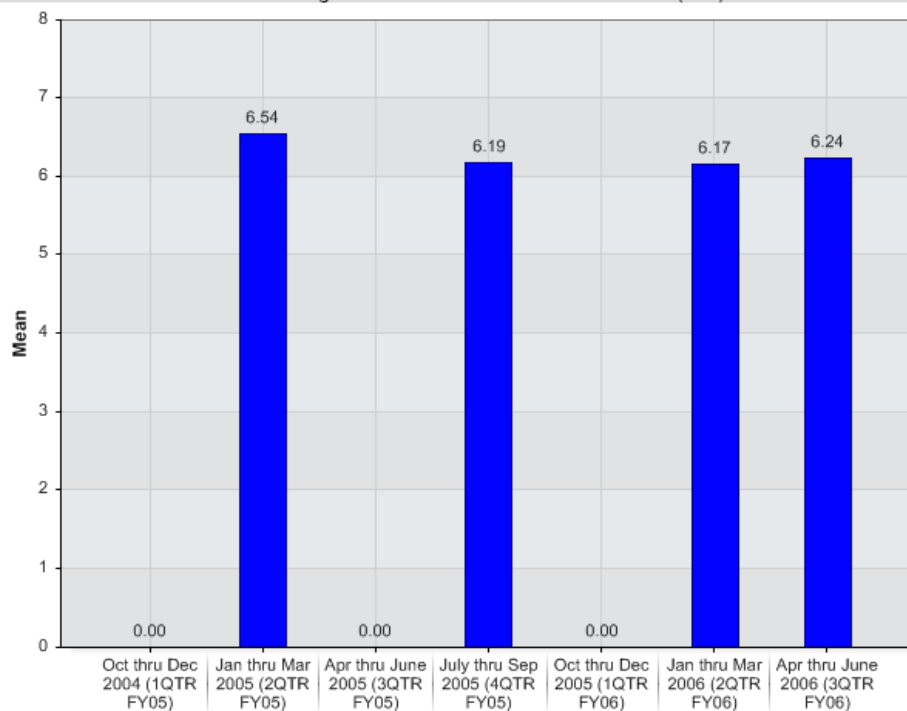
TRENDING REPORTS

SERVICE-WIDE REPORTS

LOGIN

Trending

DTF: DAVIS
Command: FT BRAGG DENTAC
Service: ARMY
Starting Period: Oct thru Dec 2003 (1QTR FY04)
Ending Period: Apr thru June 2006 (3QTR FY06)

Trending for Overall Satisfaction with Clinic (Q21)

Source: TSCOHS



Patient Comments

DoD Dental Patient Survey Reporting Tool - 2005 - Microsoft Internet Explorer

Address: http://www.patnsurvey.org/dhome.htm

Department of Defense
Dental Patient Satisfaction Survey

SURVEY REPORTS TRENDING REPORTS SERVICE-WIDE REPORTS LOGIN

REPORT FILTERS

Service: ARMY
Command: FT JACKSON DENTAC
DTF: HAGEN
Reporting Period: Apr thru June 2006 (SOTR FY06)
Main Purpose of Visit: All

SURVEY REPORTS

Surveys Received
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Low Satisfaction Report: Dental Care Received (Q13)
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Overall Satisfaction (Percent Satisfied) with Clinic (Q21) by DTF

Start Date: 12:12 PM

DoD Dental Patient Survey Reporting Tool - 2005 - Microsoft Internet Explorer

Address: http://www.patnsurvey.org/dhome.htm

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SURVEY RESPONDENT COMMENTS

DTF: HAGEN
Command: FT JACKSON DENTAC
Service: ARMY

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Start Date: Select Date...
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Start Date: 12:13 PM

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SURVEY RESPONDENT COMMENTS

DTF: HAGEN
 Command: FT JACKSON DENTAC
 Service: ARMY

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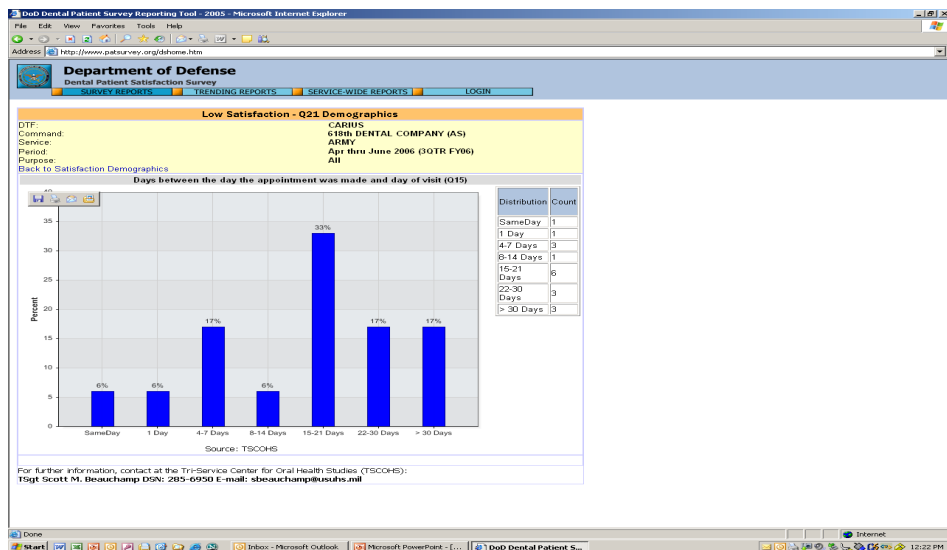
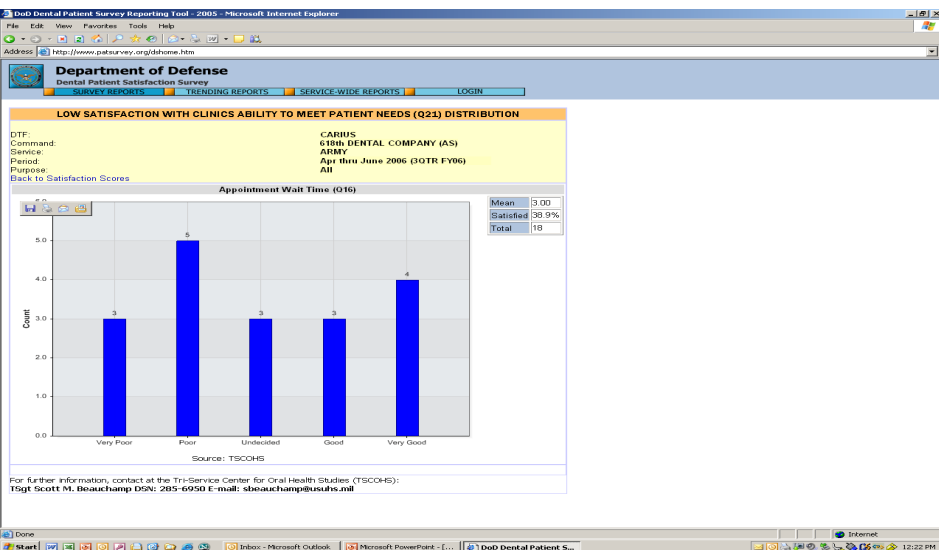
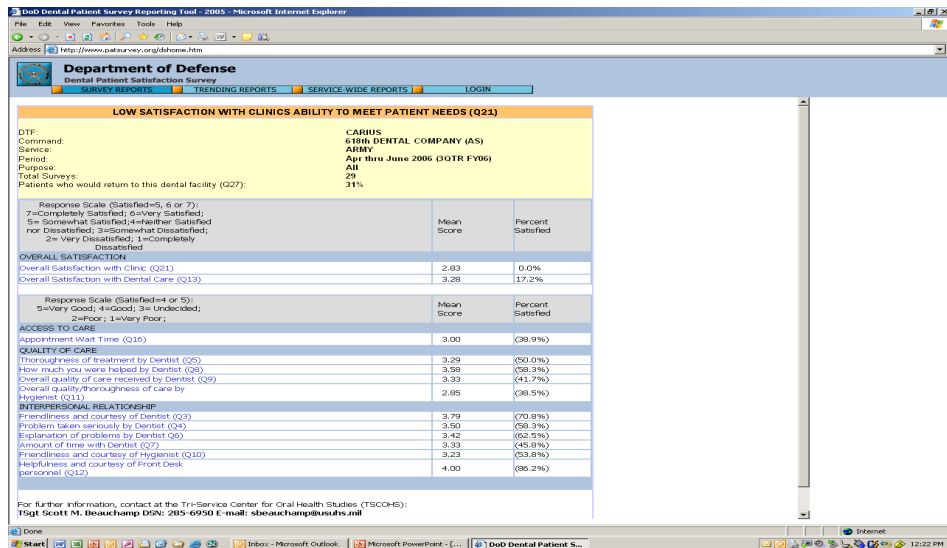
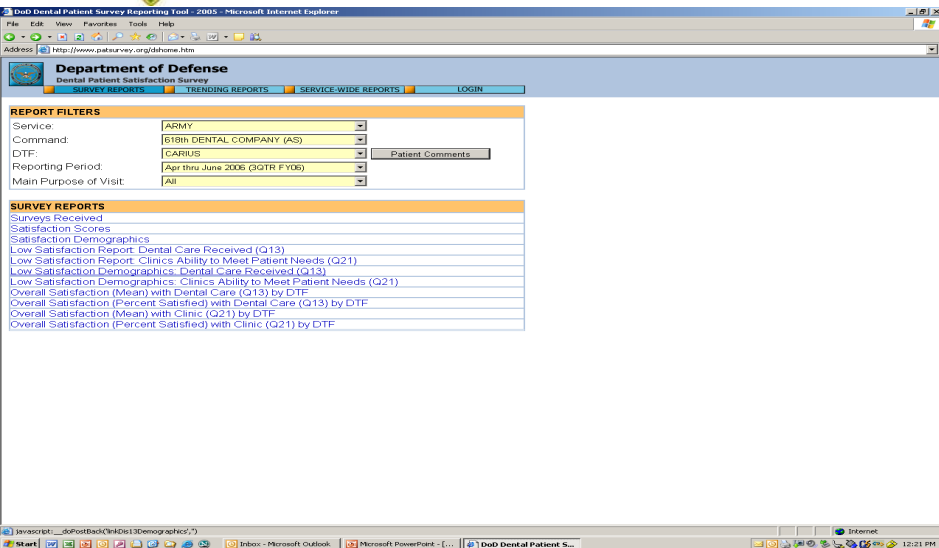
Start Date:	5/3/2006
End Date:	8/3/2006
<input type="button" value="Get Comments"/> <input type="button" value="Print Version"/>	

Appointment Date	Comments
5/8/2006	The DHI I saw was very professional and took the time to explain to me the things I needed to do to continue to have a good oral health.
5/11/2006	Mrs. Jackson was terrific! It was completely painless (which is great for a cleaning). It was actually the best cleaning that I've had since I joined the Army 22 years ago. Also, I had my yearly exam last week and Mrs. Robinson was excellent at making me feel relaxed and comfortable while she x-rayed me. They are both very good at what they do. Thanks for taking care of Soldiers!
5/11/2006	I came in for emergency treatment during sick call hours there were only three other people waiting. I waited over two hours to be seen then was only with the dentist five minutes. The treatment he did at that time did not work and I will have to go back again but I do not want to wait two hours to be seen again.
5/15/2006	I give thanks to God above for such a benefit, and both military and civilian TEAM members for the service given. I really appreciate what the Hagen Dental TEAM does day in and day out! Thank you, Have a GOD STRONG DAY! EPH CHAPTER 6:10-11
5/16/2006	I did not have pain with my tooth that needed filling. But, now, after the tooth was filled I have pain.
5/17/2006	The dentist I saw was very friendly and when I told him I had a problem he responded promptly to what he was going to do to fix the problem.
5/18/2006	Awesome service, Dr. Donahue was great!
5/18/2006	Exceptional staff. Does not get any better than this.
5/19/2006	Excellent service. Timely. Professional.
5/19/2006	The reason for the number of days between the time I made the appointment and the actual appointment was to accommodate my schedule. This was the best dental care I have had on this post. The service was not rushed and they took the time to answer my questions and explain what they were doing. Great customer service from the time you sign in until the time you leave.
5/19/2006	This exam was given to me due to my PCS move. The dentist and receptionist were very helpful in giving me the best possible treatment before I left Ft. Jackson and that is definitely commendable.
5/19/2006	I scheduled an annual exam and cleaning. I only received the exam with a cleaning available the first week in June. No one told me until after the exam that the cleaning would have to be another appointment.....I will be out of town so I rescheduled for 20 June. Doctor gave a very thorough exam - one of the best I have had in years but was not very patient friendly. He could have had a bad day.....quite frankly his chair side manner was one of the poorest I have experienced in years. Makes you wonder how he treats privates. LTC Buchanan
5/22/2006	Col Sherman is an outstanding Dentist who provide valuable information on what he was doing, what to expect after the procedures, and on further personal care.

**Patient
 Comments
 are available
 to
 Commanders
 the next day**



Low Satisfaction Scores



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Satisfaction Related to Readiness/Prevention

Most important factors to military dental satisfaction

- Beliefs about the care (thoroughness, overall quality etc)
- Environment (seen on time, scheduling, days waited)

Chaffin (2006)

US dentists recognize that patient dissatisfaction has a significant impact on care-seeking behavior

O'Shea, Corah, and Ayer (1986)

Does low satisfaction levels result in soldiers deferring care?

Questions



email: jeffrey.chaffin@us.army.mil

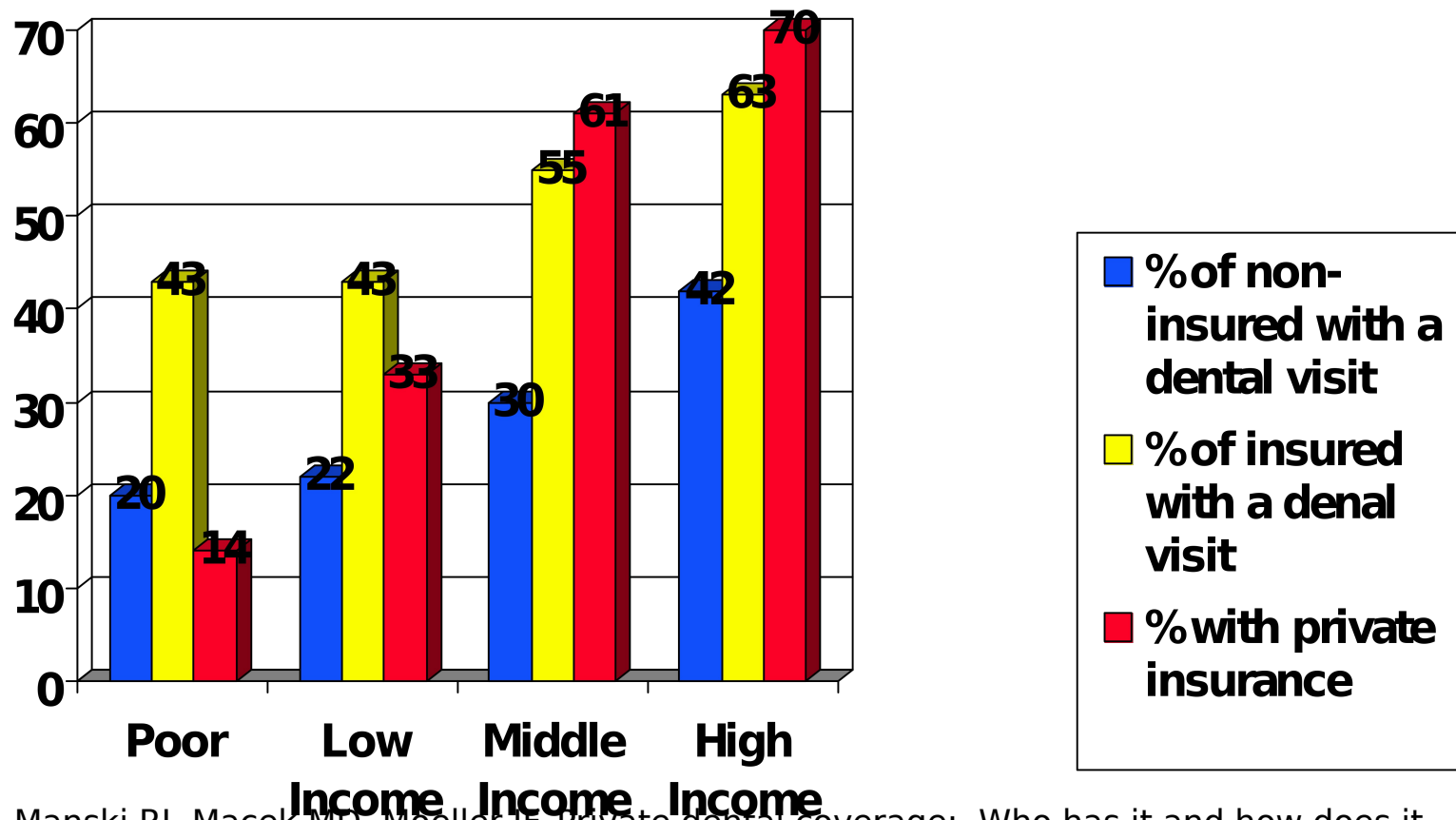


Backup Slides





Dental Insurance and Utilization



Source: Manski RJ, Macek MD, Moeller JF. Private dental coverage: Who has it and how does it influence dental visits and expenditures? JADA 2002; 133: 1551-9.



The U.S. Health Care Quality Paradox

Highly trained practitioners

State-of-the-art technology

Extensive research

VS

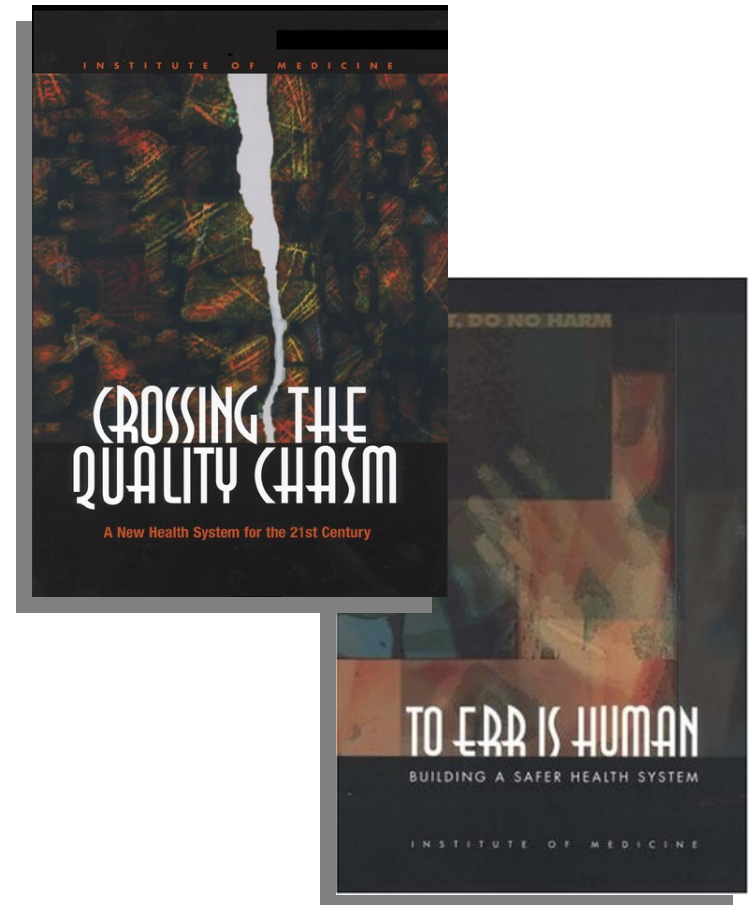
Widespread quality deficiencies

(Kizer, 2000)



Quality of U.S. Healthcare System: Three Major Reports

- **The National Roundtable on Health Care Quality report (1998)**
- **The Institute of Medicine's (IOM) *To Err Is Human* report (1999)**
- **IOM's *Crossing the Quality Chasm* report (2001)**





Studies Documenting the “Quality Gap”

- **Literature review conducted by RAND**
 - **Over 70 studies documenting quality shortcomings**
- **Large gaps between the care people should receive and the care they do receive**
 - **true for preventive, acute and chronic**
 - **across all health care settings**
 - **all age groups and geographic areas**

Source: Schuster et al. 1999

50

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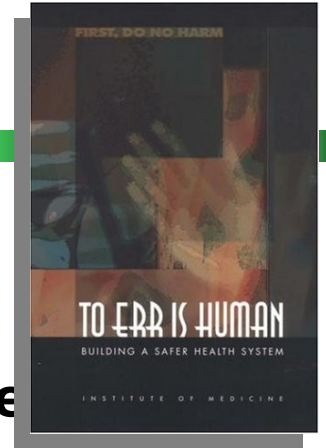
National Roundtable on Health Care Quality Report

Major Findings

- **“Serious and widespread quality problems exist throughout American medicine.”**
- **Categorized quality defects to provide commonality in understanding quality defects:**
 - ***Overuse:*** e.g., overprescribing antibiotics for ear infections
 - ***Misuse:*** proper clinical care process not executed properly
 - ***Underuse:*** scientifically sound practices not used as often as they should be



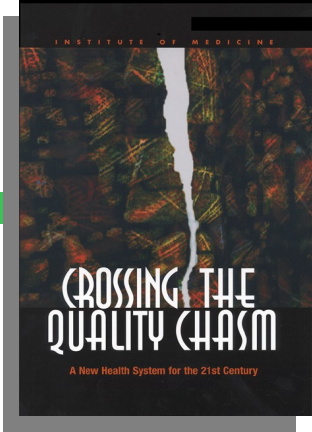
To Err Is Human



Major Findings

- Brought to light the seriousness of the problem in healthcare
- Presented findings in a way that captured the attention of key stakeholders
- Initiated a call to action focusing on patient safety and medical errors

Crossing the Quality Chasm



- **Comprehensive report providing a new framework for a redesigned U.S. healthcare system**
- **Presented IOM's six dimensions of quality care, the chain of effect, and simple rules for redesigning healthcare**



Five Part Agenda for Change

- **Commit to a shared agenda of six aims for improvement**
- **Adopt “10 rules” to guide the redesign of care processes**
- **Focus initial efforts on a set of priority conditions**
- **Implement more effective organizational supports**
- **Create an environment that fosters improvement**



Six Aims for Improvement

- **Safety**
- **Effectiveness**
- **Patient Centeredness**
- **Timeliness**
- **Efficiency**
- **Equity**



How do we bring our healthcare system “up to code”?

- **Quality improvement**
- **Value enhancement**
- **Focus on the patient**
- **Do the right things right the first time**
- **Major redesign of the healthcare system**



Annual Dental Exam

- **ASD (HA) Policy 98-021** directs that all Active Duty personnel require a dental examination on an annual basis.
- **Dental Classification** (1, 2, 3 or 4) at exam and after each appointment
- **ADA Code D0120 - Periodic Oral Evaluation**
- **Includes:**
 - Blood Pressure
 - Caries Risk Assessment
 - Oral Cancer Screening
 - Periodontal and Screening Record (PSR)
 - Tobacco Risk Assessment



Army Population Health Measures

Caries Risk

- **Low**
- **Moderate**
- **High**

Tobacco Risk

implemented on 1 DEC 2001

- **No**
- **Smoke**
- **Chew**
- **Both**



Implementation
Guide

Classify each patient in 1 caries risk category and 1 tobacco risk category. Record in record, tick sheet and input into CDA

Caries Risk uses 1995 JADA Supplement Guidelines



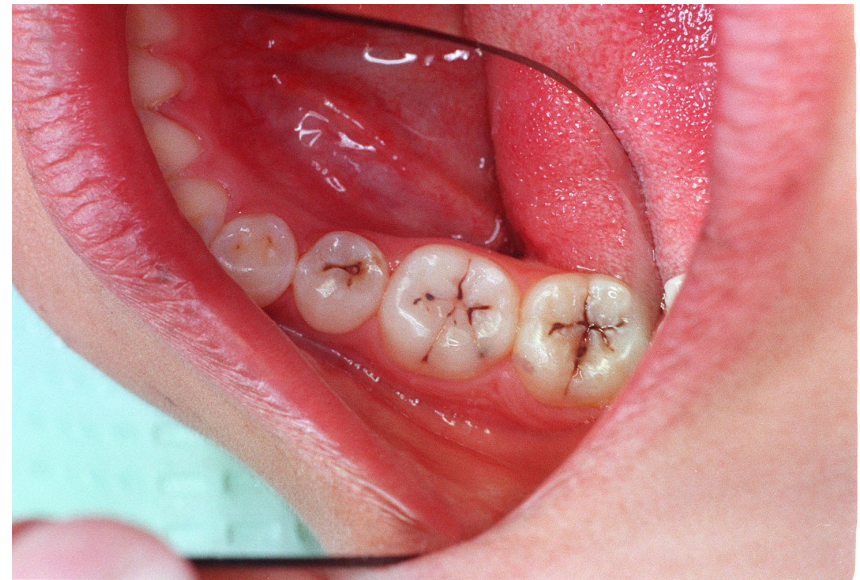
Low Caries Risk

- No new carious lesions in last 3 years
- Good oral hygiene
- Regular dental visits



Moderate Caries Risk

- **One new carious lesions in 3 yrs**
- **Exposed roots**
- **Fair oral hygiene**
- **White spots and/or interproximal radiolucencies**





High Caries Risk



- **2 or more new carious lesions in last 3 years**
- **Past root caries**
- **Deep pits and fissures**
- **Poor oral hygiene**
- **Inadequate use of topical fluoride**
- **Irregular dental visits**
- **Inadequate salivary flow**



Tobacco Risk Assessment

Classify Patients Tobacco Use in One of Four Categories

- **No** - Not a Tobacco User
- **Smoke** - Smoker of cigarettes or cigars
- **Chew** - User of smokeless tobacco
- **Both** - User of both types of tobacco

Report the Tobacco Risk Assessment electronically and in the record



After Risk Classification

- **Practitioners should use the risk classification to tailor the treatment plan for the given patient (within resource limitations)**
- **Inform the patient of their classification and it may empower the patient to take control of their own oral health**
- **Given opportunity to enter a caries prevention program - **DENTAC specific****
- **Ancillary Treatment Coordinator can monitor patient's for:**
 - **Recall for fluoride**
 - **Recall for xylitol/sugarless gum**
 - **Recall for peridex**
 - **Ensure they are getting their appointments**